

Application No. (if known): 10/789,458

Attorney Docket No.: 15115/107001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV842277732US in an envelope addressed to:

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| on | June 13, 2006 | | | | | |
|------|---------------|--|--|--|--|--|
| Date | | | | | | |

Signature

Sophie M. Bolt

Typed or printed name of person signing Certificate

(713) 228-8600

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a)

(1 page)

Request for Continued Examination Transmittal (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$1,240.00 to credit card



PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| Fees pursuant to the Consolidated Appropri | Complete if Known | | | | | | | |
|---|----------------------------------|--------------------------------------|----------------|--------------------------|----------|-----------|--|--|
| | Application Nun | ation Number 10/789,458-Conf. #5178 | | | 3 | | | |
| FEE TRANSI | Filing Date | F | ebruary 27, 2 | 004 | | | | |
| For FY 20 | First Named Inv | entor M | lakoto Ohhira | | | | | |
| <u> </u> | Examiner Name | P | . Vu | | | | | |
| Applicant claims small entity status | Art Unit | 2 | 871 | | | | | |
| TOTAL AMOUNT OF PAYMENT | Attorney Docket | No. 1 | 5115/107001 | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check X Credit Card Money Order None Other (please identify): | | | | | | | | |
| x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| FIL | | ARCH FEES | EXAMIN | ATION FEES | | | | |
| Application Type Fee (\$) | Small Entity Fee (\$) Fee (\$ | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees F | Paid (\$) | | |
| Utility 300 | 150 500 | | 200 | 100 | | | | |
| Design 200 | 100 100 | 50 | 130 | 65 | | | | |
| Plant 200 | 100 300 | | 160 | 80 | | | | |
| Reissue 300 | 150 500 | | 600 | 300 | | | | |
| Provisional 200 | 100 0 | | 0 | 0 | | | | |
| 2. EXCESS CLAIM FEES Small Entit | | | | | | | | |
| Fee Description | Fee (\$) | Fee (\$) | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 25 | | |
| Each independent claim over 3 (including Reissues) | | | | | | 100 | | |
| Each independent claim over 3 (including Reissues) 200 Multiple dependent claims 360 | | | | | | | | |
| Total Claims Extra Claims | Paid (\$) | Mu | Itiple Depende | nt Claims | | | | |
| x | | Fee | (\$) <u>F</u> | ee Paid (| 5) | | | |
| HP = highest numer of total claims paid for, if greater than 20. | | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
| HP = highest numer of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| 100 = /50 (round up to a whole number) x = | | | | | | | | |
| 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 | | | | | | | | |
| 1801 Request for continued examination (RCE) (see 37 790.00 | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| Signature fell 5. B | n 45,925 | Registration No. (Attorney/Agent) | 33,986 | Telephone | (713) 22 | 8-8600 | | |
| Name (Print/Type) Jonathan P. Osha | Date | June 13 | , 2006 | | | | | |